

Facts about Antidepressant Medications

Introduction

Antidepressant medications are a class of drugs commonly used to treat depression. Some of these types of medication were discovered in the 1950's and have since been used extensively with a variety of psychiatric populations. Antidepressants are not a "cure" for psychiatric disorders, but they can provide significant relief from many symptoms of depression.

The Clinical Effects of Antidepressant Medications

Antidepressant medications are effective for treating the symptoms of depression, such as low mood, appetite disturbance, sleep problems, low energy, and poor concentration. Some of these drugs are also helpful for treating the symptoms of obsessive-compulsive disorder. Antidepressants are most often used to treat clients with major depression or obsessive compulsive disorder (OCD), although clients with other disorders (such as agoraphobia and panic disorders) may also benefit from them.

There are two major uses for antidepressant medications:

1. reducing or eliminating acute (severe) symptoms to a level where the symptoms are more manageable; and
2. preventing symptoms relapses and rehospitalizations.

Reducing Acute Symptoms

When a client has moderate to severe symptoms of depression or OCD, antidepressants are given. If the client has already been receiving these drugs, the dosage may be changed or a different medication may be tried. Antidepressants must usually be taken for several weeks before significant clinical effects occur. Some clients respond to the first antidepressant they are given. Others may require multiple trials of different antidepressants to find the best medication.

Preventing Symptom Relapses

Some clients need to take antidepressants for only a limited period of time, such as a few months, and can then stop the medication with no negative effects. Others, however, may need to take these medications on a longer term basis in order to prevent relapses and rehospitalizations.

Types of Antidepressant Medications

There are many different types of antidepressant medication. These drugs can be divided into five different groups: serotonin selective reuptake inhibitors (SSRIs), selective norepinephrine reuptake inhibitors (SNRIs), tricyclics, monoamine oxidase (MAO) inhibitors and other compounds. The chart on the next page contains the brand names, chemical names and average daily oral dosage for some of the most commonly prescribed antidepressant medications.

ANTIDEPRESSANT MEDICATIONS

Type of Drug	Brand Name	Chemical Name	Average Daily Dosage (mg/day)
SSRIs	Paxil	paroxetine	20-50
	Prozac	fluoxetine	20-80
	Zoloft	sertraline	50-200
	Serzone	nefazadone	300-500
	Luvox	fluvoxamine	100-200
	Lexapro	escitalopram	10-20
	Celexa	citalopram	40-60
SNRIs	Cymbalta	duloxetine	20-80
	Pristiq	desvenlafaxine	5-400
Tricyclics	Anafranil	clomipramine	25-250
	Elavil	amitriptyline	100-300
	Norpramin	desipramine	100-300
	Pamelor, Aventyl	nortriptyline	50-150
	Sinequan, Adapin	doxepin	75-300
	Tofranil	imipramine	100-300
	Vivactil	protriptyline	10-60
MAO Inhibitors	Marplan	isocarboxazid	10-50
	Nardil	phenelzine	45-90
Other Compounds	Desyrel	trazodone	150-600
	Wellbutrin	bupropion	75-450
	Remeron	mirtazapine	15-45
	Effexor	venlafaxine	75-225

Side Effects

Antidepressant medications, like other drugs for treating disorders, can cause undesired side effects. The most common side effects are summarized in the chart below. Not all clients taking medication experience side effects. In many cases the side effects are temporary, although they may persist for some persons. Sometimes the medication dosage needs to be reduced because of side effects or a different type of medication must be given. When side effects are detected, the physician should be consulted as soon as possible.

SIDE EFFECTS OF ANTIDEPRESSANT MEDICATIONS

Drug Class	Side Effects
SSRIs	Nausea, vomiting, excitement, agitation, headache, sexual problems, (delayed ejaculation, not experiencing orgasm)

SNRI's	Nausea, dry mouth, constipation, loss of appetite, tiredness, drowsiness, dizziness, increased sweating, blurred vision, or yawning
Tricyclics	Dry mouth, dizziness, sedation/agitation, weight gain, constipation, heart palpitations, cardiac abnormalities
MAO Inhibitors	Insomnia, dizziness, weight gain, sexual difficulties, confusion/memory problems, overstimulation, hypertensive crisis
Other Compounds	Sedation/agitation

Hypomania and Mania after Antidepressant Treatment

One occasional side effect of antidepressants deserves special mention. A small percentage of clients who are prescribed these medications gradually develop the symptoms of hypomania or mania after a few weeks. The symptoms of hypomania include: irritability or argumentativeness, agitation, decreased need for sleep, and excessive talking. In addition to these symptoms, the symptoms of mania include: grandiosity, euphoria, hostility, extreme goal-directed behavior, and engagement in activities that are potentially harmful.

If these changes in mood and behavior are observed, the physician should be contacted immediately. In most cases, the dosage level of the antidepressant medication can be reduced and the symptoms will go away. Sometimes the medication must be stopped and other drugs used to control the hypomanic and manic symptoms.

Precautions When Taking MAO Inhibitors

Clients who are prescribed MAO inhibitors must take special precautions to avoid certain foods. Foods that are high in the chemical tyramine should be avoided, such as aged cheeses (not including cottage cheese, cream cheese and processed cheese), aged meats (such as salami and pepperoni, and yeast extracts (except in baked products). The following beverages should also be avoided: beer, chianti wine, sherry wine, and vermouth. Certain drugs that have "adrenaline-like" effects (such as decongestants and stimulants) should also be avoided when taking an MAO inhibitor. For a more complete list of foods and beverages that should be avoided or taken in moderation when on an MAO inhibitor, consult the client's physician.

An unusual side effect of MAO inhibitors is the development of carpal tunnel syndrome, which is due to pyridoxine (B6) deficiency. This can be corrected by appropriate vitamin supplements (B6). Early symptoms of B6 deficiency are numbness and tingling.

How Do Antidepressant Medications Work?

Scientists do not have a thorough understanding of how antidepressant medications work. There is evidence that these medications tend to increase the amount of certain neurotransmitters in the brain (chemicals in the nerve cells). Antidepressants appear to affect two neurotransmitters in particular, serotonin and norepinephrine. Some antidepressants tend to affect one neurotransmitter more than the other. Only those antidepressants that have a major effect on serotonin (such as the SSRIs and Anafranil)

improve OCD symptoms. It is possible that the symptoms of depression or OCD (or other disorders that can be treated with antidepressants) are related to imbalances in these neurotransmitters in the brain.

Importance of Regular Medication

Taking medication on a regular basis can help prevent symptoms from returning or getting worse. It can be helpful to take medication at the same time each day so that it is part of the client's daily routine. It is also important for the client to meet regularly with his or her physician to have symptoms checked, discuss side effects, and have adjustments in medication made when necessary.

Common Questions about Antidepressant Medications

What if the Client Misses a Dose of Medications?

The client should consult with his or her physician to find out what to do if a dose of medication is missed.

Are Antidepressant Medications Addictive?

Antidepressant drugs are not addictive. People who take these medications do not develop tolerance to these drugs, requiring a higher dose to achieve the same effects. If a decision is made to stop antidepressant medication, the medication is usually tapered gradually. However, stopping antidepressant medications may increase the risk of relapse for people with major depression or OCD.

Do Antidepressants Interact with Other Drugs?

Certain drugs should be avoided when taking an MAO inhibitor: Tegretol, Dopar, Sinement, Demerol, Aldomet and Ritalin. MAO inhibitors can also increase the effects of other drugs, including stimulants, sedatives, appetite suppressants and insulin. The physician should be consulted if any of these medications have been prescribed in addition to an MAO inhibitor. Tricyclic antidepressants can decrease the effectiveness of certain antihypertensive medications and increase the sedative effects of alcohol and sedative hypnotic drugs.

SSRI's and SSNRI's medication may rarely cause a very serious condition called serotonin syndrome. The risk increases when this medication is used with certain other drugs such as "triptans" used to treat migraine headaches (e.g., sumatriptan, eletriptan), certain antidepressants including SSRIs (e.g., citalopram, paroxetine) and other SNRIs (e.g., venlafaxine), lithium, tramadol, tryptophan, or a certain drug to treat obesity (sibutramine). Before taking an antidepressant, tell your doctor if you take any of these medications.

Consult the client's physician about any questions you have concerning this handout.